

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

IN RE: ) CHAPTER 11  
 )  
BAY CIRCLE PROPERTIES, LLC, ) CASE NUMBER: 15-58440-wlh  
 )  
Debtor. )  
 )

DEBTOR'S STANDARD MONTHLY OPERATING REPORT (BUSINESS)

FOR THE PERIOD  
FROM MARCH 1, 2018 TO MARCH 31, 2018

Comes now the above-named debtor and files its Monthly Operating Report in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

/s/ John A. Christy\*

John A. Christy  
Georgia Bar No. 125518  
J. Carole Thompson Hord  
Georgia Bar No. 291473

Debtor's Address  
and Phone Number:

Bay Circle Properties, LLC  
6050 Peachtree Industrial Boulevard, Suite 801  
Norcross, Georgia 30071-5721  
(770) 734-4311

Attorney's Address  
and Phone Number:

Schreeder, Wheeler & Flint, LLP  
1100 Peachtree Street, NE, Suite 800  
Atlanta, GA 30309-4516  
(404) 681-3450

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee Office. Monthly Operating Reports must be filed by the 20<sup>th</sup> day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program Website, <http://www.usdoj.gov/ust/r21/index.htm>.

- 1) Instructions for Preparations of Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements<sup>9</sup>
- 3) Frequently Asked Questions (FAQs)

\* - This report was prepared and assembled by the Debtor. Debtor's counsel has not verified the accuracy of the information contained in the report.

**SCHEDULE OF RECEIPTS AND DISBURSEMENTS**


FOR THE PERIOD BEGINNING 3/1/2018 AND ENDING 3/31/2018

Name of Debtor: Bay Circle Properties LLC Case No. 15-58440-wlh  
Date of Petition: 5/4/2015

	CURRENT MONTH	PETITION TO DATE
<b>1. FUNDS AT BEGINNING OF PERIOD</b>	<u>1,209.50 (a)</u>	<u>13,043.67 (b)</u>
<b>2. RECEIPTS:</b>		
A. Cash Sales	<u>0.00</u>	<u>0.00</u>
Minus: Cash Refunds	<u>(0.00)</u>	<u>0.00</u>
Net Cash Sales	<u>0.00</u>	<u>0.00</u>
B. Accounts Receivable	<u>0.00</u>	<u>495,386.19</u>
(If you receive rental income, you must attach a rent roll.)	<u>0.00</u>	<u>6,787.36</u>
<b>3. TOTAL RECEIPTS (Lines 2A+2B+2C)</b>	<u>0.00</u>	<u>502,173.55</u>
<b>4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)</b>	<u>1,209.50</u>	<u>515,217.22</u>
<b>5. DISBURSEMENTS:</b>		
A. Advertising	<u>0.00</u>	<u>0.00</u>
B. Bank Charges	<u>46.00</u>	<u>1,743.53</u>
C. Contract Labor	<u>0.00</u>	<u>0.00</u>
D. Fixed Asset Payments (not incl. in "N")	<u>0.00</u>	<u>0.00</u>
E. Insurance	<u>0.00</u>	<u>11,627.00</u>
F. Inventory Payments (See Attach. 3)	<u>0.00</u>	<u>0.00</u>
G. Leases	<u>0.00</u>	<u>0.00</u>
H. Manufacturing Supplies	<u>0.00</u>	<u>0.00</u>
I. Office Supplies	<u>0.00</u>	<u>0.00</u>
J. Payroll - Net (See Attachment 4B)	<u>0.00</u>	<u>0.00</u>
K. Professional Fees (Accounting & Legal)	<u>0.00</u>	<u>4,675.00</u>
L. Rent	<u>0.00</u>	<u>0.00</u>
M. Repairs & Maintenance	<u>0.00</u>	<u>16,193.49</u>
N. Secured Creditor Payments (See Attach. 2)	<u>0.00</u>	<u>219,190.26</u>
O. Taxes Paid - Payroll (See Attachment 5C)	<u>0.00</u>	<u>0.00</u>
P. Taxes Paid - Sales & Use (See Attachment 5C)	<u>0.00</u>	<u>0.00</u>
Q. Taxes Paid - Other (See Attachment 5C)	<u>0.00</u>	<u>169,640.22</u>
R. Telephone	<u>0.00</u>	<u>0.00</u>
S. Travel & Entertainment	<u>0.00</u>	<u>0.00</u>
Y. U.S. Trustee Quarterly Fees	<u>0.00</u>	<u>6,825.00</u>
U. Utilities	<u>0.00</u>	<u>55,789.15</u>
V. Vehicle Expenses	<u>0.00</u>	<u>0.00</u>
W. Other Operating Expenses (Pulls from MOR-3)	<u>0.00</u>	<u>28,370.07</u>
<b>6. TOTAL DISBURSEMENTS (Sum of 5A thru W)</b>	<u>46.00</u>	<u>514,053.72</u>
<b>7. ENDING BALANCE (Line 4 Minus Line 6)</b>	<u>1,163.50</u>	<u>1,163.50 (c)</u>

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This 1st day of May, 2018

  
(Signature)

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition

(c) These two amounts will always be the same if form is completed correctly.

**MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)**

**Detail of Other Receipts and Other Disbursements**

**OTHER RECEIPTS:**

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C

<b>Description</b>	<b>Current Month</b>	<b>Cumulative Petition to Date</b>
Deposit to open new 5/3 DIP account	-	550.00
Void Ck #1002 Russell Landscape	-	1,240.00
Capital Contribution	-	3,662.30
Georgia Power Refund	-	1,335.06
<b>TOTAL OTHER RECEIPTS</b>	-	6,787.36

"Other Receipts" includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:

<b>Loan Amount</b>	<b>Source of Funds</b>	<b>Purpose</b>	<b>Repayment Schedule</b>

**OTHER DISBURSEMENTS:**

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W

<b>Description</b>	<b>Current Month</b>	<b>Cumulative Petition to Date</b>
HDH Advisors (Examiner Fees)		14,300.00
Stone & Baxter (Examiner Fees)		1,200.00
GA Power (on behalf of affiliate)		12,870.07
<b>TOTAL OTHER DISBURSEMENTS</b>	0.00	28,370.07

**NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.**

## Balance Sheet

Bay Circle Properties LLC  
As Of Saturday March 31, 2018 (accrual basis)

### ASSETS

Bank	
Checking (DIP) - Fifth Third 2761	325.00
Escrow Fifth Third 1202	838.50
Total Bank	1,163.50
Other Current Asset	
Secured Creditor Payments	5,569,190.26
Total Other Current Asset	5,569,190.26
Other Asset	
Due - Affiliates	1,849,941.23
Total Other Asset	1,849,941.23
<b>TOTAL ASSETS</b>	<b>7,420,294.99</b>

### LIABILITIES & EQUITY

#### Liabilities

Other Current Liability	
Accrued Expenses	9,218.00
Total Other Current Liability	9,218.00
<b>Total Liabilities</b>	<b>9,218.00</b>

#### Equity

Members' Capital	7,411,076.99
<b>Total Equity</b>	<b>7,411,076.99</b>

<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>7,420,294.99</b>
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## Profit & Loss 12 Month Recap

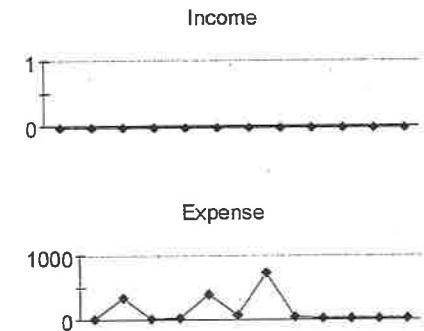
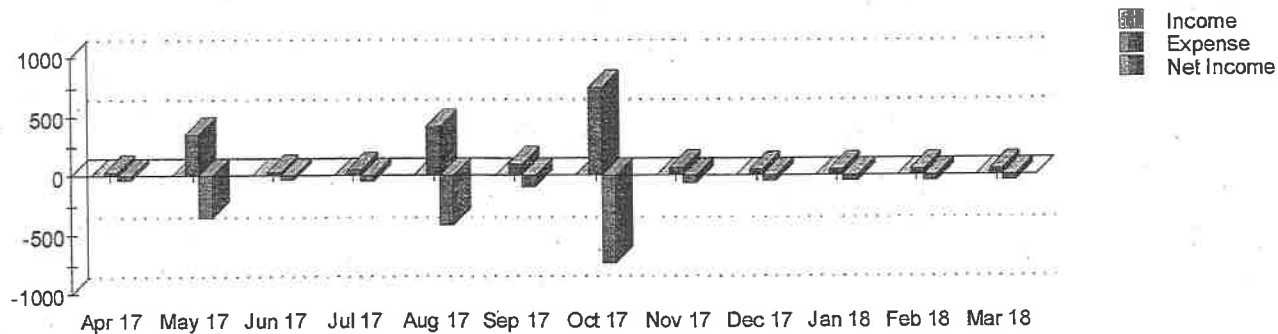
Bay Circle Properties LLC

Monthly recap 4/1/2017-3/31/2018 (accrual basis)

	APR 17	MAY 17	JUN 17	JUL 17	AUG 17	SEP 17	OCT 17	NOV 17	DEC 17	JAN 18	FEB 18	MAR 18	TOTAL
<b>EXPENSE</b>													
Bank Fees	35.00	35.00	35.00	52.00	89.00	96.25	89.00	70.00	46.00	46.00	46.00	46.00	685.25
US Trustee Fees	0.00	325.00	0.00	0.00	325.00	0.00	650.00	0.00	0.00	0.00	0.00	0.00	1,300.00
<b>TOTAL EXPENSE</b>	<b>35.00</b>	<b>360.00</b>	<b>35.00</b>	<b>52.00</b>	<b>414.00</b>	<b>96.25</b>	<b>739.00</b>	<b>70.00</b>	<b>46.00</b>	<b>46.00</b>	<b>46.00</b>	<b>46.00</b>	<b>1,985.25</b>
<b>NET INCOME</b>	<b>-35.00</b>	<b>-360.00</b>	<b>-35.00</b>	<b>-52.00</b>	<b>-414.00</b>	<b>-96.25</b>	<b>-739.00</b>	<b>-70.00</b>	<b>-46.00</b>	<b>-46.00</b>	<b>-46.00</b>	<b>-46.00</b>	<b>-1,985.25</b>

### NET INCOME SUMMARY

Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Expense	-35.00	-360.00	-35.00	-52.00	-414.00	-96.25	-739.00	-70.00	-46.00	-46.00	-46.00	-46.00	-1,985.25
Other Inc/Exp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>NET INCOME</b>	<b>-35.00</b>	<b>-360.00</b>	<b>-35.00</b>	<b>-52.00</b>	<b>-414.00</b>	<b>-96.25</b>	<b>-739.00</b>	<b>-70.00</b>	<b>-46.00</b>	<b>-46.00</b>	<b>-46.00</b>	<b>-46.00</b>	<b>-1,985.25</b>



**ATTACHMENT 1**

**MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING**

Name of Debtor: Bay Circle Properties LLC Case Number: 15-58440-wlh

Reporting Period beginning: 3/1/2018 Period ending: 3/31/2018

ACCOUNTS RECEIVABLE AT PETITION DATE: \_\_\_\_\_

**ACCOUNTS RECEIVABLE RECONCILIATION**

(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

Beginning of Month Balance	\$	<u>-</u>	(a)
PLUS: Current Month New Billings	\$	<u>-</u>	
MINUS: Collection During the Month	\$	<u>-</u>	(b)
PLUS/MINUS: Adjustments or Writeoffs	\$	<u>-</u>	*
End of Month Balance	\$	<u>-</u>	(c)

\*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:

\_\_\_\_\_  
\_\_\_\_\_

**POST PETITION ACCOUNTS RECEIVABLE AGING**

(Show the total for each aging category for all accounts receivable)

0-30 Days	31-60 Days	61-90 Days	Over 90 Days	Total
<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00 (c)</u>

For any receivables in the "Over 90 Days" category, please provide the following:

<u>Customer</u>	<u>Receivable Date</u>	<u>Status</u> (Collection efforts taken, estimate of collectibility, write-off, disputed account, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).

(c) These two amounts must equal.

**ATTACHMENT 2**

**MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT**

Name of Debtor: Bay Circle Properties LLC Case Number: 15-58440-wlh

Reporting Period beginning: 3/1/2018 Period ending: 3/31/2018

In the space below list all invoices or bills incurred and not paid since the filing of the petition. Do not include amounts owed prior to filing the petition. In the alternative, a computer generated list of payables may be attached provided all information requested below is included.

**POST-PETITION ACCOUNTS PAYABLE**

<u>Date Incurred</u>	<u>Days Outstanding</u>	<u>Vendor</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL AMOUNT				(b) <u>-</u>

☐ Check here if pre-petition debts have been paid. Attach an explanation and copies of supporting documentation.

**ACCOUNTS PAYABLE RECONCILIATION (Post Petition Unsecured Debt Only)**

Opening Balance	\$ <u>-</u>	(a)
PLUS: New Indebtedness Incurred This Month	\$ <u>46.00</u>	
MINUS: Amount Paid on Post Petition, Accounts Payable		
This Month	\$ <u>(46.00)</u>	
PLUS/MINUS: Adjustments	\$ <u>-</u>	*
Ending Month Balance	\$ <u>-</u>	(c)

\*For any adjustments provide explanation and supporting documentation, if applicable.

**SECURED PAYMENTS REPORT**

List the status of Payments to Secured Creditors and Lessors (Post Petition Only). If you have entered into a modification agreement with a secured creditor/lessor, consult with your attorney and the United States Trustee Program prior to completing this section).

<u>Secured Creditor/Lessor</u>	<u>Date Payment Due This Month</u>	<u>Amount Paid This Month</u>	<u>Number of Post Petition Payments Delinquent</u>	<u>Total Amount of Post Petition Payments Delinquent</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL		- (d)		

(a) This number is carried forward from last month's report. For the first report only, this number will be zero.

(b, c) The total of line (b) must equal line (c).

(d) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5N).



**ATTACHMENT 3**  
**INVENTORY AND FIXED ASSETS REPORT**

Name of Debtor: Bay Circle Properties LLC Case Number: 15-58440-wlh

Reporting Period beginning: 3/1/2018 Period ending: 3/31/2018

**INVENTORY REPORT**

INVENTORY BALANCE AT PETITION DATE: \$ -

INVENTORY RECONCILIATION:

Inventory Balance at Beginning of Month	\$ <u>-</u>	(a)
PLUS: Inventory Purchased During Month	\$ <u>-</u>	
MINUS: Inventory Used or Sold	\$ <u>-</u>	
PLUS/MINUS: Adjustments or Write-downs	\$ <u>-</u>	
Inventory on Hand at End of Month	\$ <u>-</u>	

METHOD OF COSTING INVENTORY: \_\_\_\_\_

\*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

**INVENTORY AGING**

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	Total Inventory
%	%	%	%	% *
_____	_____	_____	_____	_____

\* Aging Percentages must equal 100%.

☐ Check here if inventory contains perishable items.

Description of Obsolete Inventory: \_\_\_\_\_

**FIXED ASSET REPORT**

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: \_\_\_\_\_ (b)

(Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only) Commercial Rental Property

FIXED ASSETS RECONCILIATION:

Fixed Asset Book Value at Beginning of Month	\$ <u>-</u>	(a)(b)
MINUS: Depreciation Expense	\$ <u>-</u>	
PLUS: New Purchases	\$ <u>-</u>	
PLUS/MINUS: Adjustments or Write-downs	\$ <u>-</u>	*
Ending Monthly Balance	\$ <u>-</u>	

\*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD:

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) Fair Market Value is the amount at which fixed assets could be sold under current economic conditions. Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.



**ATTACHMENT 4A**

**MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT**

Name of Debtor: Bay Circle Properties LLC Case Number: 15-58440-wlh

Reporting Period beginning: 3/1/2018 Period ending: 3/31/2018

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at [http://www.usdoj.gov/ust/r21/reg\\_info.htm](http://www.usdoj.gov/ust/r21/reg_info.htm). If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: Fifth Third Bank BRANCH: Peachtree Corners

ACCOUNT NAME: Bay Circle Properties LLC ACCOUNT NUMBER: xxxxxx2761

PURPOSE OF ACCOUNT: Operating

Ending Balance per Bank Statement	\$	<u>325.00</u>	
Plus Total Amount of Outstanding Deposits	\$	<u>-</u>	
Minus Total Amount of Outstanding Checks and other debits	\$	<u>-</u>	*
Minus Service Charge	\$	<u>-</u>	
Ending Balance per Check Register	\$	<u>325.00</u>	** (a)

\* Debit cards are used by: N/A

\*\* If Closing Balance if negative, provide explanation: \_\_\_\_\_

The following disbursements were paid in Cash (do not includes items reported as Petty Cash on Attachment 4D:

( ☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS**

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	<u>-</u>	Transferred to Payroll Account
\$	<u>-</u>	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

## Bank Reconciliation Report

Checking (DIP) - Fifth Third 2761

Reconcile Date: 3/31/2018

### Payments

<u>Date</u>	<u>Ref #</u>	<u>Details</u>	<u>Amount</u>
3/12/2018		Fifth Third Bank	35.00
			<b>35.00</b>

### Summary

Previous Cleared Balance:	360.00
Selected Payments:	35.00
Selected Deposits:	0.00
<b>Reconciled Balance:</b>	<b>325.00</b>
<b>Goal:</b>	<b>325.00</b>
<b>Difference:</b>	<b>0.00</b>

<b>Reconciled Balance</b>	<b>325.00</b>
<b>+ Uncleared Deposits</b>	<b>0.00</b>
<b>- Outstanding Checks</b>	<b>0.00</b>
<b>Register Balance</b>	<b>325.00</b>



(GEORGIA)  
P.O. BOX 630900 CINCINNATI OH 45263-0900

BAY CIRCLE PROPERTIES LLC  
5100 PEACHTREE INDUSTRIAL BLVD  
STE 100  
PEACHTREE CORNERS GA  
30071-5721



0

1405

Statement Period Date: 3/1/2018 - 3/31/2018

Account Type: 5/3 BUS ELITE CKG

Account Number: ~~7878~~2761

Banking Center: Peachtree Corners

Banking Center Phone: 770-416-0141

Business Banking Support: 877-534-2264

### Account Summary - ~~7878~~2761

<b>03/01</b>	<b>Beginning Balance</b>	<b>\$360.00</b>	Number of Days in Period	31
	Checks			
1	Withdrawals / Debits	\$(35.00)		
	Deposits / Credits			
<b>03/31</b>	<b>Ending Balance</b>	<b>\$325.00</b>		

#### Analysis Period: 02/01/18 - 02/28/18

Standard Monthly Service Charge \$35.00

**Standard Monthly Service Charge Waived** (see below) **\$0.00**

**Service Charge withdrawn on 03/12/18** **\$35.00**

#### Standard Monthly Service Charge waived If:

Your business maintains a total monthly average balance of \$25,000 across its business checking, savings, and certificate of deposit accounts.

#### Current Relationship Overview:

**Balance Criteria Met?** **No**

Total Combined Monthly Average Balance \$1,227.57

**OR** your business has a business loan or line of credit.

**Business Loan or Line of Credit?**

**No**

**OR** your business spends at least \$500 per month on its business credit card **PLUS** has one of the following:  
Electronic Deposit Manager **OR** Cash Management Essentials.

**Other Criteria Met?**

**No**

\$500 Business Credit Card Spend? **No**

Electronic Deposit Manager? **No**

Cash Management Essentials? **No**

#### Withdrawals / Debits

**1 item totaling \$35.00**

Date	Amount	Description
03/12	35.00	SERVICE CHARGE

#### Daily Balance Summary

Date	Amount
03/12	325.00

### CHECK REGISTER - OPERATING ACCOUNT

PURPOSE OF ACCOUNT:	Operating
---------------------	-----------

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
3/12/2018		FIFTH THIRD	SERVICE CHARGE	\$ 35.00
		TOTAL		\$ 35.00

**ATTACHMENT 4B**

**MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT**

Name of Debtor: Bay Circle Properties LLC Case Number: 15-58440-wlh

Reporting Period beginning: 3/1/2018 Period ending: 3/31/2018

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at [http://www.usdoj.gov/ust/r21/reg\\_info.htm](http://www.usdoj.gov/ust/r21/reg_info.htm).

NAME OF BANK: N/A BRANCH: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

PURPOSE OF ACCOUNT: Payroll

Ending Balance per Bank Statement	\$	_____	
Plus Total Amount of Outstanding Deposits	\$	_____	
Minus Total Amount of Outstanding Checks and other debits	\$	_____	*
Minus Service Charge	\$	_____	
Ending Balance per Check Register	\$	_____	** (a)

**\* Debit cards must not be issued on this account.**

**\*\* If Closing Balance if negative, provide explanation:** \_\_\_\_\_

The following disbursements were paid in Cash:

( ☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-payroll disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for Disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

### CHECK REGISTER - PAYROLL ACCOUNT

PURPOSE OF ACCOUNT:	Payroll
---------------------	---------

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
TOTAL				

ATTACHMENT 4C

MONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT

Name of Debtor: Bay Circle Properties LLC Case Number: 15-58440-wlh

Reporting Period beginning: 3/1/2018 Period ending: 3/31/2018

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found on the United States Trustee website, <http://www.usdoj.gov/ust/r21/index.htm>.

NAME OF BANK: Fifth Third BRANCH: Peachtree Corners

ACCOUNT NAME: Bay Circle Properties LLC ACCOUNT NUMBER: xxxxxx1202

PURPOSE OF ACCOUNT: Tax and Insurance Escrow

Ending Balance per Bank Statement	\$	<u>838.50</u>
Plus Total Amount of Outstanding Deposits	\$	<u>-</u>
Minus Total Amount of Outstanding Checks and other debits	\$	<u>-</u> *
Minus Service Charge	\$	<u>-</u>
Ending Balance per Check Register	\$	<u>838.50</u> ** (a)

\* Debit cards must not be issued on this account.

\*\* If Closing Balance if negative, provide explanation: \_\_\_\_\_

The following disbursements were paid in Cash:

( ☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-tax disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for Disbursement from
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).



## Bank Reconciliation Report

Escrow Fifth Third 1202  
Reconcile Date: 3/31/2018

### Payments

Date	Ref #	Details	Amount
3/12/2018		Fifth Third Bank	11.00
			<b>11.00</b>

### Summary

Previous Cleared Balance:	849.50
Selected Payments:	11.00
Selected Deposits:	0.00
Reconciled Balance:	838.50
Goal:	838.50
Difference:	0.00

Reconciled Balance	838.50
+ Uncleared Deposits	0.00
- Outstanding Checks	0.00
Register Balance	838.50



(GEORGIA)  
P.O. BOX 630900 CINCINNATI OH 45263-0900

BAY CIRCLE PROPERTIES LLC  
5100 PEACHTREE INDUSTRIAL BLVD  
STE 100  
PEACHTREE CORNERS GA  
30071-5721



0

1412

Statement Period Date: 3/1/2018 - 3/31/2018

Account Type: 5/3 BUS STANDARD CKG

Account Number: 00001202

Banking Center: Peachtree Corners

Banking Center Phone: 770-416-0141

Business Banking Support: 877-534-2264

### Account Summary - 00001202

<b>03/01</b>	<b>Beginning Balance</b>	<b>\$849.50</b>	Number of Days in Period	31
	Checks			
1	Withdrawals / Debits	\$(11.00)		
	Deposits / Credits			
<b>03/31</b>	<b>Ending Balance</b>	<b>\$838.50</b>		

#### Analysis Period: 02/01/18 - 02/28/18

Standard Monthly Service Charge \$11.00

**Standard Monthly Service Charge Waived** (see below) **\$0.00**

**Service Charge withdrawn on 03/12/18** **\$11.00**

#### Standard Monthly Service Charge waived if:

Your business maintains a total monthly average balance of \$3,500 across its business checking, savings, and certificate of deposit accounts.

#### Current Relationship Overview:

**Balance Criteria Met?** **No**

Total Combined Monthly Average Balance \$1,227.57

**OR** your business spends at least \$500 per month on its business credit card.

**Other Criteria Met?**

\$500 Business Credit Card Spend? **No**

#### Withdrawals / Debits

1 item totaling \$11.00

Date	Amount	Description
03/12	11.00	SERVICE CHARGE

#### Daily Balance Summary

Date	Amount
03/12	838.50

**ATTACHMENT 5C**

**CHECK REGISTER - TAX ACCOUNT**

Name of Debtor: Bay Circle Properties LLC Case Number: 15-58440-wlh

Reporting Period beginning: 3/1/2018 Period ending: 3/31/2018

NAME OF BANK: Fifth Third BRANCH: Peachtree Corners

ACCOUNT NUMBER: xxxxxx1202

PURPOSE OF ACCOUNT: Tax and Insurance Escrow

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included. <http://www.usdj.gov/ust/>

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
<u>3/12/2018</u>		<u>FIFTH THIRD</u>	<u>SERVICE CHARGE</u>	<u>11.00</u>
TOTAL				(d) <u>11.00</u>

**SUMMARY OF TAXES PAID**

Payroll Taxes Paid (a) \_\_\_\_\_  
 Sales & Use Tax Paid (b) \_\_\_\_\_  
 Other Taxes Paid (c) -  
 TOTAL (d) -

- (a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5O).  
 (b) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5P).  
 (c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).  
 (d) These two lines must be equal.

**ATTACHMENT 4D**

**INVESTMENT ACCOUNTS AND PETTY CASH REPORT**

**INVESTMENT ACCOUNTS**

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable

Instrument	Face Value	Purchase Price	Date of Purchase	Current Market Value
TOTAL				- (a)

**PETTY CASH REPORT**

The following Petty Cash Drawers/Accounts are maintained:

	(Column 2) Maximun Amount of Cash in Drawer/Acct.	(Column 3) Amount of Petty Cash On Hand At End of Month	(Column 4) Difference between Column 2 & Column 3
Location of Box/Account			
TOTAL		\$ - (b)	

**For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts.  
If there are no receipts, provide an explanation**

**TOTAL INVESTMENT ACCOUNTS AND PETTY CASH (a + b) \$ 0 (c)**

(c)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

## MONTHLY TAX REPORT

Name of Debtor: Bay Circle Properties LLC Case Number: 15-58440-wlh

Reporting Period beginning: 3/1/2018 Period ending: 3/31/2018

## TAXES OWED AND DUE

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.

Name of Taxing Authority	Date of Payment	Description	Amount	Date Last Tax Return Filed	Tax Return Period
TOTAL			\$		

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

**SUMMARY OF PERSONNEL AND INSURANCE COVERAGES**

Name of Debtor: Bay Circle Properties LLC Case Number: 15-58440-wlh

Reporting Period beginning: 3/1/2018 Period ending: 3/31/2018

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowances, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

<u>Name of Officer or Owner</u>	<u>Title</u>	<u>Payment Description</u>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PERSONNEL REPORT**

	<u>Full Time</u>	<u>Part Time</u>
Number of employees at beginning of period	_____	_____
Number hired during the period	_____	_____
Number terminated or resigned during period	_____	_____
Number of employees on payroll at end of period	_____	_____

**CONFIRMATION OF INSURANCE**

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

<u>Agent and/or Carrier</u>	<u>Phone Number</u>	<u>Policy Number</u>	<u>Coverage Type</u>	<u>Expiration Date</u>	<u>Date Premium Due</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The following lapse in insurance coverage occurred this month:

<u>Policy Type</u>	<u>Date Lapsed</u>	<u>Date Reinstated</u>	<u>Reason for Lapse</u>
_____	_____	_____	_____
_____	_____	_____	_____

☐ Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.

## **SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

MOR-17



CERTIFICATE OF SERVICE

This is to certify that I served a copy of the Debtor's Standard Monthly Operating Report for the Period from March 1 through 31, 2018 via ECF or by first class U.S. Mail, with sufficient postage thereon on the following:

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This 4th day of May, 2018.

/s/J. Carole Thompson Hord  
J. CAROLE THOMPSON HORD  
Georgia Bar No. 291473  
chord@swflp.com

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